

<b>Program Requirements</b>	<b>HCBS State Plan Option 1915(i)</b>
<b>Level of Care</b>	Institutional level of care not required
<b>Application Process</b>	State Plan amendment, must have multiple State Plan amendments if cover different target groups
<b>Approval Duration</b>	One-time approval; or if using targeting option, renewal every 5 years
<b>Reporting</b>	Annual reports
<b>Public Input</b>	Regulation is silent
<b>Target Groups</b>	May define and limit the target group(s) served
<b>Limits on Number Served</b>	Not allowed
<b>Waiting Lists</b>	Not allowed
<b>FMAP</b>	Standard
<b>Participant-directed Services</b>	Allowed
<b>Person-centered Support Plan</b>	Required
<b>Cost-effectiveness Requirements</b>	None